



EFFECTIVITAS OF MUROTAL THERAPY ON PRIMIPARAS PREGNANT MOTHER IN THE THIRD TRIMESTER

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ABSTRACT

Pregnancy is a physiological process, and as the pregnancy progresses, the mother experiences physical and mental changes that can cause pregnancy problems. One of the most common problems for pregnant women, especially those in their third trimester, is insomnia. One way that can be done to overcome the problems and complaints of insomnia among pregnant women is to use murotal therapy. The aim of this research is: To determine the effect of Murotal therapy on the sleep quality of Primiparous Pregnant Women in Trimester 3. Methodology: This type of research is Quasi Experimental with a 1 group pre and post test design. The population in this study were all pregnant women in the third trimester with a gestational age of 28 weeks - 38 weeks and had complaints of sleep disorders with a sample size of 16 people. The sampling technique is purposive sampling. Data were analyzed univariately and bivariate with the Wilcoxon t test. Data was collected using an observation sheet consisting of a pretest sheet and a posttest sheet. Results: The results of the Wilcoxon hypothesis test showed that there was a change in the sleep quality of primiparous pregnant women in the third trimester with a p value of 0.001 ($p > 0.05$). Conclusion: Murotal therapy is effective in treating insomnia in third trimester primiparous pregnant women.

Keywords: insomnia; murotal therapy; sleep quality

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INTRODUCTION

In the third trimester, pregnant mothers experience physiological, psychological, and social changes (Febriati & Zakiyah, 2022). Due to these physiological and psychological adaptation changes, pregnant women also experience discomfort, including disturbed sleep patterns. Changes experienced by pregnant women is the result of increased gestational age, including changes in body structure and hormones. Hence, it is very important for pregnant women to maintain their sleep quality in order to maintain the welfare of the mother and fetus (Winarni et al., 2023). Pregnant women need more sleep than non-pregnant women, by around eight hours at night and one to two hours during the day (Indrayani & Muhayah, 2020). This is caused by increased energy requirements for fetal growth and maternal condition. Sleep disorders affect the mother and fetus, in which obstructive sleep apnea can occur in pregnant women and it can cause fetal growth and low birth weight on the fetus (Melita Eka Rahayu, 2023). In this case, factors that affect the sleep quality are health status, environment, psychological stress, diet, lifestyle, and medication (Rani Mawo et al., 2019).

Pharmacological treatment of insomnia is in the form of benzodiazepam drugs and non-benzodiazepine hypnotic drugs (zolpidem, eszoplocone, zaleplon ramelteon, trazodone)

(Sutardi, 2021). However, the World Health Organization (WHO) estimates that non-pharmacological treatment is required for about 15% of sleep disorders experienced by pregnant women that turn into complications that threaten pregnancy and worsen the life quality of the pregnant women. In this case, listening to Al-Qur'an verses, also known as Al-Qur'an murattal therapy, is one of the effective spiritual ways to calm patients (Herlina et al., 2022). In general, reading the Al-Qur'an has physical and psychological benefits, such as calming, increasing creativity, immunity, and concentration, curing various diseases, creating a calm mood, relieving brain nerve tension and anxiety, overcoming fear, strengthening personality, improving language skills, and increasing intelligence (Kamaluddin, 2022). Previous study found that listening to Murattal Al-Quran reduces sleep disorders and it will affect such conditions in the long term (Hasanah, 2021). Based on the background described above, the researcher aimed to conduct research related to the provision of non-pharmacological therapy to overcome sleep disorder (insomnia) in primiparous pregnant women in the third trimester. The aim of this research was to determine the effect of Murattal therapy on the sleep quality of primiparous pregnant women in the third trimester.

METHOD

The research design applied in this study is a Quasi-Experimental design in the form of a One-Group Pretest-Posttest Design without a control group. In this case, the population involved is pregnant women in the third trimester with a gestational age of 28 weeks to 38 weeks. Among them, the samples are 16 Primigravida pregnant women at their third trimester who experienced insomnia. In this case, the sampling technique implemented is purposive sampling. Furthermore, the research instrument employed is the PSQI. This research uses standard instruments so the author did not carry out validity and reliability tests. This research was conducted in August 2023, at TPMB L Depok. The intervention provided was by listening to the murattal Al-Qur'an of Ar Rahman verse every night before going to bed for 7 days. Data were analyzed univariately and bivariately with the Wilcoxon t test. Data was collected using an observation sheet consisting of a pretest sheet and a posttest sheet.

RESULTS

Table 1.

The Characteristics of Respondents from Primiparous Pregnant Women in the Third Trimester

Respondents' Characters	f	%
Age		
<20 years old	1	6.25
20-35 years old	13	81.25
Age >35 years old	2	12.5
Education		
High School	4	25
D3	5	31.25
Undergraduate	7	43.75
Occupation		
Housewife	12	75
Employee	4	25
Gestational Age		
7 months	5	31.25
8 months	9	56.25
9 months	2	12.5
Frequency of defecate		
4-8 times	2	12.5
> 8 times	14	87.5
Backache	7	43.75

Tabel 1 above, most of the pregnant mothers involved aged in the range of 20-35 years old (81.25%); had a Bachelor's degree (43.75%); was housewife (75%); had a gestational age of 8 months or more (56.25%); had a urination frequency of more than 8 times per day (87.5%); and complained of discomfort during the third trimester of pregnancy, including back pain (43.75%); and anxiety.

Table 2.
Frequency Distribution before Intervention

Sleep Quality	f	Min	Max	Mean	Std.Deviation
Before	16	8	14	11.00	1.862
After	16	3	9	5.06	1.982

Tabel 2 above, the insomnia experienced by the pregnant mothers on the third trimester before receiving therapy occurred on 16 respondents (100%).

Table 3.
Frequency Distribution after the Intervention (n=16)

Sleep Quality	f	%
Poor	5	31.2
Good	11	68.8

Table 3 after brewing lavender aromatherapy and chamomile tea, 11 respondents (68.8%) experienced better sleep quality, while 5 respondents (31.2%) still experienced poor sleep quality.

Tabel 4.
Average Sleep Quality of Primiparous Pregnant Women in the Third Trimester Before and After Murattal Therapy Intervention (n=16)

Sleep Quality	f	Mean	SD	MD	P Value
After	16	11	1.862	5.94	0.001

DISCUSSION

Sleep quality level of primiparous pregnant women in the third trimester before being given murattal therapy

The level of sleep quality of the primiparous pregnant women during their third trimester was obtained before being given murattal therapy, in which all respondents (100%) had poor sleep quality. Meanwhile, after they were given murattal therapy, their sleep quality was 11.0 with a standard deviation of 1.862. Sleep quality was measured before the respondents were given murattal therapy using a sleep quality questionnaire in the form of the Pittsburgh Sleep Quality Index (PSQI) consisting of 7 aspects of sleep parameters, namely subjective sleep quality and sleep latency, sleep duration, effective sleep duration in bed (habitual sleep efficiency), sleep disorders, use of sleeping drugs, and daytime dysfunction (Chandra Shekhar et al., 2023).

In this case, this research obtained that all 16 respondents (100%) experienced insomnia before receiving the intervention (Gultom et al., 2020). This is in line with the previous research carried out by Reichner (2015) that insomnia is one of the symptoms of sleep disorders during pregnancy, where 66-94% of the respondents experienced it. The symptoms of sleep disorder include difficulty initiating or maintaining sleep, waking up too early, and/or complaints of non-restorative sleep. Similar results were also obtained from case study research conducted by Wijayanti (2023) for 2 weeks, that murattal therapy could reduce the incidence of insomnia (Wijayanti & Husain, 2023) In this research, the assumption raised is that all pregnant women in the third trimester before being given lavender aromatherapy

therapy and steeping chamomile tea experienced poor sleep quality and the highest sleep quality score is 14, while the lowest is 8.

Bivariate Analysis

After being given intervention in the form of murattal therapy, the average sleep quality of primiparous pregnant women in their third trimester is 5.06 with a standard deviation of 1.982. In this case, 11 people (68.8%) experienced good sleep quality, while 5 people (31.2%) experienced poor sleep quality. The discomfort disorders experienced by primiparous pregnant women in the third trimester are back pain, anxiety, cramps in the calves, insomnia, swollen legs, frequent urination, and difficulty defecating (Rosyaria B & Khairoh, 2019). In addition, the impact of insomnia on pregnant women is increased blood pressure, pre-eclampsia and obesity (Ekasari & Natalia, 2019). The pathophysiology of effective murattal therapy in overcoming insomnia is that when listening to murattal relaxation, endorphin hormones will activate thus increasing the feeling of being relax or comfortable and can induce a person's sleep by stimulating brain waves that are higher in delta brain waves compared to other types of music or no music at all. Feeling relaxed and calm allows a person to sleep soundly and be able to carry out productive activities during the day. Listening to murattal aims to make the subject feel more relaxed when she wants to enter deeper sleep, as well as getting better quality sleep compared to quantity of sleep (Herliana, 2023).

Pharmacological therapy for insomnia is in the form of benzodiazepam drugs and non-benzodiazepine hypnotic drugs (zolpidem, eszoplocone, zaleplon, ramelteon, trazodone) (Ghaddafi, 2010). Meanwhile, the non-pharmacological therapy to treat insomnia is yoga (Kamalah, 2021), murattal (Noviyanti et al., 2021), acupuncture (Lestari et al., 2022), aromatherapy (Maharani, 2021), bekam (Audina et al., 2020), spiritual emotion freedom technique (Beti et al., 2021) and pregnancy massage (Maryani et al., 2020). The results of this research are supported by Fatimah's (2023) research which discover that Al-Quran murattal therapy is effective for improving sleep quality (Fatimah, 2023). The same thing is also revealed in the study done by Suryaningsih (2017) that murotal therapy is effective for treating insomnia (Suryaningsih, 2017).

CONCLUSION

Based on the research results, it can be concluded that there is a significant effect of giving murattal therapy on changes in the sleep quality of pregnant women with a p value of 0.001 ($p > 0.05$).

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